



Medical Release/Photo Release

September 1, 2018-May 31, 2019

Students Name: _____ Age _____

DOB: _____ Phone Number: _____

Cell Phone: _____ Email: _____

Address: _____ City: _____

State: _____ Zip: _____

Grade in School: _____ Gender _____

Emergency Contacts:

Parent/Guardian: _____

Address: _____ City: _____

State: _____ Zip: _____

Additional Parent/Guardian: _____

Medical Insurance Company Policy# _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

Past Medical History

If necessary, describe in detail the nature and severity of any physical and/ or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subjected and of which the staff should be aware, and what, if any action of protection is

required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

(Check Appropriate information). Asthma ___ Sinusitis ___ Diabetes _____

Heart Trouble ___ Epilepsy/Seizure Disorder _____ Upset Stomach _____

Other _____

Date of last tetanus shot: _____

Please list any major illnesses the child experienced during the last year? _____

Should this child's activities be restricted for any reason? Please explain (use back of this sheet for additional space): _____

Allergies: Food(s): _____

Special Diet: _____

Penicillin or Other Drug(s) (Name): _____

Insect Stings/Bites: _____

Childhood Disease: Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___

Current Medications: _____

First Baptist Church of Cadillac Youth Ministry Permission for Photo Release

_____ I give my permission for my child's photograph to be used in Youth Ministry Material.

_____ I do not give my permission for my child's photograph to be used in Y. Ministry Material.

Permission for Treatment:

My permission is granted for the First Baptist Church of Cadillac's Pastoral Staff or any other adult(s) in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and First Baptist Church of Cadillac from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in a church-sponsored youth activity.

Parent/guardian's name (printed): _____

Parent/guardian's signature: _____ Date: _____